PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (Optional) 740270-2925		
In re Application of Wayne A. ECKERLE et al.					
O PE VE	Application Number Filed			l l	
(= ====================================	10/814,332 For INTERNAL COMBUSTION E			April 1, 2004	
JAN 1 0 2005 POT INTERNAL COMBUSTION ENGINE PRODUCING LOW EMISSIONS					
TATA TO : DEMARKS	Art Unit 3747		Examiner Tony M. Argenbright		
This is a request under the provisions of identified application.	37 CFR 1.136(a) to extend	the period	l for fili	ing a reply in the above	
The requested extension and appropriate	non-small-entity fee are as	follows (	check ti	ime period desired):	
	<u>Fee</u>	Small E			
☐ One month (37 CFR 1.17(a	)(1)) \$120	9	660	\$	
☑ Two month (37 CFR 1.17(a	a)(2)) \$450	\$	225	\$ <u>450</u>	
☐ Three month (37 CFR 1.17	(a)(3)) \$1020	\$	510	\$	
☐ Four month (37 CFR 1.17(	a)(4)) \$1590	\$	795	\$	
☐ Five month (37 CFR 1.17(a	a)(5)) \$2160	\$1	1080	\$	
☐ Applicant claims small entity status. See 37 CFR 1.27.					
☐ A check in the amount of the fee is enclosed.					
☐ Payment by credit card. Form PTO-2038 is attached.					
☐ The Director has already been authorized to charge fees in this application to a Deposit Account.					
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-2380 (740270-2925). I have enclosed a duplicate copy of this sheet.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
I am the ☐ applicant/inventor					
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).					
attorney or agent of record. Registration No. 43,143					
attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34					
	1				
Fr. 6 St	$\Rightarrow$	Ja	nuary	10, 2005	
Signature				Date	
			202) 585-8000		
Typed or printed name  Telephone Number  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
forms if more than one signature is required, see b		their represe	entative(s	are required. Submit multiple	
Total of forms are subm	itted.				
CERTIFICA	ATE OF TRANSMISSIO	N OR MA	AILING	Ğ	
I hereby certify that this correspondence is be Postal Service with sufficient postage as first 1450, Alexandria, VA 22313-1450 on the da	class mail in an envelope add				
Typed or printed name					
Signature			Date		
W629514.1					